

REPRODUCTIVE HEALTH RESEARCH PRIORITIES 1999-2004



**The Symposium and Workshop On Reproductive Health Research Agenda
Bandung, 22-24 April 1999**

Organized by

National Family Planning Coordinating Board (BKKBN)

In collaboration with

Departement of Health - POGI - WHO - Policy Project/USAID

FOREWORD

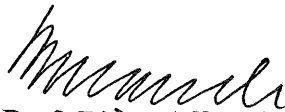
On behalf of the Indonesian Association of Obstetrics and Gynecology (POGI), I wish to welcome and express my congratulation for the issuance of the report: *Research Priority Areas on Reproductive Health, 1999-2004*. This is the first publication of its kind, which is considered to be important, for its capacity to become a foundation in the development of priority in the reproductive health research. With this in mind, efforts in the development on reproductive health can be more effectively and coordinately used and is expected to be able to solve problem on reproductive health in Indonesia

This book is the results of a happy association with all extremely creative and valued participants during the conduct of the Symposium and Workshop on Research Agenda on Reproductive Health, held in Bandung in June 1999. The meeting was conducted by BKKBN (National Family Planning Coordinating Board), in collaboration with MOH (Ministry of Health), POGI (the Indonesian Society of Obstetrics and Gynecology), and BAPPENAS with financial support from WHO and UNFPA. Particular valuable inputs have been the insights of professional organizations and international partnerships (Policy Project of Future Group International/USAID, and The Population Council).

I believe that this book will be useful not only for researchers, program implementers, as well as donor agencies and those interested that wish to plan and conduct research and development in the area of reproductive health in Indonesia. It is also expected that through this agenda, the BKKBN, MOH and POGI will have an opportunity to be an effective vehicle for technical cooperation among all collaborating centers to facilitate the transfer of innovative research practices. I do hope that the innovative publication will stimulate and motivate every researcher to innovate their own programs.

Finally, to those who have contributed to the publication of this book I should like to express my appreciation and gratitude.

Jakarta, October 1999



Prof. Biran Affandi, MD, PhD
*President, Indonesian Society of
Obstetrics and Gynecology (POGI)*

FOREWORD


Expressing Acclamation and Thanks to our Mighty God for His Blessings, I would like to convey my congratulation for the successful achievement of the "Symposium and Workshop on Reproductive Health Agenda" held in Bandung on 21-24 April 1999. I also would like to express my high gratefulness and thanks to all those, who participated to the success of the meeting.

Research serves the needs of the reliable, timely and relevant scientific data essential to the strengthening of programmes and policies for reproductive health. It plays a critical role in the planning, programming and delivery of reproductive health care in many ways. The use of evidence from scientific research is essential for effective advocacy to the development of reproductive health Program Research also develops and improves reproductive health technologies, and provides the knowledge requires to develop guidelines for their application and to establish norms and standards.

Therefore the results of this symposium and workshop contribute very much to the commitment for integrated development of research in reproductive health in Indonesia and to the development of health and welfare of the community. I believe that the outcome of this symposium and workshop may contribute to strengthening of collaboration among DEPKES and BKKBN and all those interest in reproductive health in Indonesia.

To World Health Organization, Policy Project Future Group International/USAID, POGI, The Population Council and to all those who participated and made this meeting well organized, I would like to express my highly appreciation.

Jakarta, Juli 1999

 Minister of Health, Republic of Indonesia



Prof.Dr. F.A. Moeloek

FOREWORD

I am indeed honored to present the proceeding of the “ *Symposium and Workshop on Reproductive Health Research Agenda*” for Indonesia, which was held at Bandung, West Java, 21-24 April 1999.

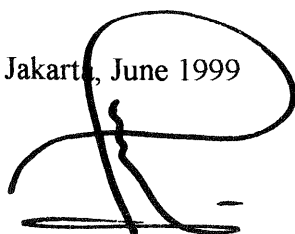
The Symposium cum Workshop was indeed a strategic forum and has produced a significant contribution to the Indonesian National Population, Family Planning and Reproductive Health scenario in meeting the requirements for the twenty-first century. It was for that express reason that the Symposium and Workshop was opened by three Cabinet Ministers , i.e. myself as the State Minister for Population/ Chairman – BKKBN, the Minister of Health, and the State Minister for Women’s Affairs.

I would like also to express my congratulation and respect to the participants of the Symposium and Workshop for their commitment and contribution in making this event a landmark in the Reproductive Health programs in Indonesia.

I would also like to express my sincere gratitude to BAPPENAS, the Ministry of Health, WHO, the management of Future Group, the Policy Project, USAID, the Population Council, PT Organon Indonesia, PT Schering Indonesia, and many more agencies which are too many to mention, for their trust and assistance to make this Symposium and Workshop a success. A special thanks is also due to the Indonesia Obstetrics and Gynecological (POGI) for providing the technical backstop to this event.

May the Almighty continue to bestow upon us in all our endeavors to materialize the recommendation of this Symposium and Workshop.

Jakarta, June 1999



Prof. Dr. Ida Bagus Oka
State Minister for Population/
Chairman - BKKBN

ACKNOWLEDGEMENT

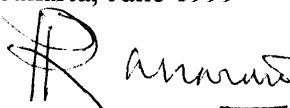
On behalf of the Steering Committee and Organizing Committee of the *Symposium and Workshop on Reproductive Health Research Agenda*, held in Bandung, West Java on 21-24 April 1999, I have the pleasure of introducing the proceedings thereof.

Important to note is that the Symposium / workshop was officiated by three Cabinet Ministers, i.e. the State Minister for Population/ Chairman-BKKBN, the Minister of Health, and the State Minister for Women's Affairs. This alone manifested the strategic importance of the Symposium/ Workshop, and the attention it commands in the Reproductive Health field. The presence and contribution of the wide range of international agencies, also reflect the hope and anticipation of the activities emanating from this forum. More importantly is the composition of participants which represent the vast interest and expertise in this field. The forum was indeed multi-dimensional, multi-disciplinary, and no less multi-faceted.

The present proceedings is organized on a chronological format, recording the strategic notes of each step in the Symposium/workshop. It also records the official statements of the authorities and participants. It's our hope that this proceeding could be useful as a reference in formulating research activities in the field of Reproductive Health in Indonesia.

To all who contributed and participated in this significant event, I would like, on behalf of the Steering and Organizing Committees, to express deep appreciation and gratitude. May be Almighty bless all our endeavors in this field.

Jakarta, June 1999



Pudjo Rahardjo, MPA, Ph.D.

Deputy for Training and Program Development
BKKBN



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CONCLUSION OF THE SYMPOSIUM AND WORKSHOP ON REPRODUCTIVE HEALTH RESEARCH AGENDA

INTRODUCTION

A Symposium and Workshop on Reproductive Health Agenda, was held in Sheraton Hotel, Bandung, on 22-24 April 1999. The meeting was organized by The BKKBN, collaboratively with MOH, assisted by POGI and sponsored by World Health Organization (WHO) and Policy Project (USAID)

The overall goal of this two meetings was to assess areas of reproductive health that are worth identifying to be materialized as priorities of research leading to building up quality center of reproductive health. Special objectives are:

- a. To discuss global reproductive health issues including the results of the 1994 Cairo ICPD
- b. To assess the latest status of reproductive health issues in Indonesia, particularly those relating to its functions as a support to family resilience.
- c. To identify the latest situations of research and development pertaining to problems of reproductive health in Indonesia and identify and set priorities in the area of RH that need be studying.
- d. To identify the latest situation of the implementation of research and development in collaborating centers, particularly those relating to the availability of human resources.
- e. To identify specific problems of reproductive health in each center that need to be Studied and/or handled to date and in the future and generate a research planning agenda for the next 5 years

PARTICIPANTS

There were 70 participants attending this two symposium and workshop. They consisted of scientists from all BKKBN /WHO- collaborating institutions, representatives from institutions that have been involved internationally (The Population Council, JHPIEGO etc), National NGOs (PKMI, POGI, IDI, YKB, etc), experts who are renown nationally and internationally, and some BKKBN policymakers.

(Note: Along with the Minister of Health and the Sate Minister for Population/Chairman BKKBN, there also present HE State Minister for Women Affairs).

OPENING REMARKS

In his brief introduction remarks *Dr Pudjo Rahardjo*, Deputy for Training and Program Development, welcome all participants who come from all over the country, and the foreign speakers. The Governor of West Java, represented by the Vice Governor, welcome all participants and distinguished guests from both abroad and Indonesia.

H.E Minister of Health stressed that as a follow-up of the 1994 Cairo ICPD, Indonesia conducted a National Workshop on Reproductive Health (May 1996) to discuss the concept of RH in accord with the new paradigm, and the reproductive health scope of Indonesia, based on inter-sectoral point of view. However, despite this workshop, data on reproductive health are still far from sufficient, and coordination among sectors has not been optimally conducted. It is for this reason, that this workshop on reproductive health research priority is very important and that research on reproductive health should be well organized and coordinated.

According to the wide concept of RH, research areas on reproductive health covers not just fertility regulation but also those related to the elements of reproductive health and is expected that greater attention be paid to and directed to the way we can fulfill our reproductive health needs.

H.E. Minister of Health further advocated, - as was also called for by the ICPD-, that NGOs be challenged to participate and support in conducting research in applied biomedical, biomedical technology, clinical epidemiology and sociology in order to improve reproductive health services. Highest priority should be given to development of new method in fertility regulation for males, as well as research in STDs, including HIV-AIDS and a variety of infertility aspects.

The meeting was officially opened by HE State Minister for Population/Chairman, BKKBN, *Prof. Dr Ida Bagus Oka*. H. E reminded that two years before the /1994 Cairo ICPD, Indonesia had already developed a concept of RH promulgated in the Law No 10. Year 1992, concerning the Population Development and the Development of Welfare Family. Based on this law, it is decided that family planning is an effort to enhance the care and role of the community. The four missions that must be succeeded, are 1) "increase the age of marriage, 2) arrangement of birth, 3) effort to develop family resilience, and 3) effort to increase family socioeconomic welfare, which all should be directed to create small, happy and prosperous family. Therefore, Indonesia is one country who fully supports and even one of the active pioneer in formulating in the international conference which placed population as center of development.

He further put forward five aspects that worth discussing during the Symposium and the Workshop:

- 1) The rate of population growth which has been successfully declined, (1.5% in 1998) with the population size of 204 million. This momentum should be maintained in

order that a Stable Population can be achieved at the latest, in 2020.

- 2) In an effort to empower the family, a tool to develop potential human resources should be our focus in facing the 21 th Century.
- 3). An important issues in the reproductive health is something related to adolescent reproductive health.
- 4) The potential of human children starts from the pregnancy. By putting pregnancy as planned and an awaited occasion to allow for the mother to be physically and mentally fit, we are starting to develop potential human resources.
- 5). He did hope that the outcome of this workshop will become a basis for research priority . With this in mind, efforts of reproductive health can be conducted more effective, coordinated , and be able to solve problems in the areas of reproductive health.

THE DOCUMENTS:

In order to realize the objectives of these two important occasions (symposium and workshop), discussions and deliberations centered around the following documents: there were a total of 11 scientific presentations.

1. *Research Priorities for Reproductive Health In Indonesia* by Dr William McGreevey
2. *Reproductive Health Care in Indonesia: Status and Problems* by Prof. Dr. Azrul Azwar, MPH.
3. *Operational Research in Reproductive Health* by Dr. Emma Ottolenghi.
4. *RH Research in The Future* by Dr. Meiwita B. Iskandar, Ph.D
5. *Research and Development in The Indonesian RH & FP Program* by DR. Pudjo Rahardjo
6. *RH Resarch Agenda* , by, Dr. Andriansyah Arifin, , Dr. Aucky Hinting and Prof. Umar Fahmi,, MPH, Ph.D
7. *Setting Priorities for RH Service* by Dr. Kokila Agarwal
8. *RH Problems & Research* by DR.dr. Biran Affandi, , Sp. OG.
9. *FP and RH Service Viewed From Demand Side* by Dr. Wandri Mukhtar, MSc.,
10. *Example of Good RH Program* by Dr. SDA. Soesbandoro, Sp. OG.
11. *Tool & Supply for RH Research Activities.*, Dr., Soewarto Kosen, Ni Ketut Aryastami, MCN. And by Dr. Agus Suwandono, DR.PH

After presentations, participants were assigned into three main groups. Each group consisted of a variety of discipline and designed to discuss the same topic. The aim was that a variety of views and opinion may be put together so that an outcome reflects the whole participants' decision.

A summary of salient features of each presentation will be issued in a separated report. Following each presentation, a brief scientific critique and a comment were given by participants, and where appropriate, comments were also made on the policy implications and recommendations for further research.

SUMMARY OF RESULTS

A comprehensive agenda, was generated during the meeting, containing list of research, in the order of their priority that need be conducting. It is worth noting that this agenda belongs to the whole country, and become the single reference for all research and development (R&D), not only those attached to the BKKBN or DEPKES, but also to other institutions with related reproductive health activities. This agenda will be widely disseminated and informed in order that each institution will have the same opportunity based on its resources.

CLOSING CEREMONY

The workshop was closed by *Dr Pudjo Rahardjo*, Deputy for Training and Program Development, recommending that there need to be follow-up action, these are:

- 1) A proceeding of the symposium and workshop should be formulated soon,
- 2) 2) dissemination of the results 3) Set up mechanism, and guidance for proposal writing.

He also expressed that this workshop is a reflection of multi-disciplinary thoughts, multi-sectoral and more sharpened substances referring to a variety of previous ideas. Results of this symposium and workshop is valued beyond our expectation and has sharpened the priorities set up during previous meetings.

He finally thanked WHO who since 1986, has been the BKKBN's closed technical adviser in the field of scientific aspect of the research in executing all projects funded by UNFPA. He also expressed thanks to Policy Project (USAID) who supported these meeting and to a couple of visitors who tirelessly and continuously attending and supervising the courses of the meeting.

ABSTRACTS OF SYMPOSIUM PAPERS

II. 1. RESEARCH PRIORITIES FOR REPRODUCTIVE HEALTH IN INDONESIA

By William Mc. Greevy

Reproductive health setting and the on-going health improvements worldwide, including Indonesia, is still economically be insufficiency to meet ICPD goals. The allocation of resources which determine people's access to basic good and service is politically determined and often based on historical antecedents. In many countries, there is a need to devote a large proportion of health budget and health personnel to comprehensive primary health care (and woman's health care) including preventive, promotive, protective, curative and rehabilitative services in both rural and urban areas. But power structures within a society often allows the special interests of the elite to override the general welfare of the public at large, allocation for the health sector still tend to respond to a social elite whose demand is predominantly for curative care.

This lecture "Priority Setting for Reproductive health divided its topic into three main parts: 1) Reproductive Health Expenditures, 2) What works and 3) The role of Governments and Donors. Available funds for health expenditures fall far below requirements. Whereas requirements identified by the World Bank is \$6.75 it is only \$0.80 provided by governments and donors. It is true that there has been a tremendous improvement in Health worldwide such as: lower fertility, longer life expectancy and reduced Infant Mortality, including ones achieved by Indonesia. However, up to the present, most of health spending has been still concentrated to support curative care. Most developing countries rely on international resources.

In conclusion, government and donors have been insufficiently financing RH program to meet ICPG goals. There have been also misallocation of government and Private sector spending key to ICPD Goals.

Looking at some health indicators, such as relative cost-effectiveness of 52 health interventions, expenditures for family planning, cost per CYP, and its relation with causes of maternal death, home deliveries and the status of Indonesia's Reproductive Health, Dr Greevy put forward the three delays and effort to best and cheapest way to shorten delays.

As conclusion to "What works", he recommended that FP should seek greater efficiencies and access for underserved. In terms Safe motherhood initiatives, the efforts

should focus on minimizing "three delays and increase skilled attendance at birth. Finally pertaining to STD interventions, efforts should be directed to target groups.

In discussing "The role of donors and governments", one should first learn more about cost and benefits and assess Aid: what works, what doesn't and why. good information on family planning, less information on safe motherhood should be thoroughly evaluated. Good policy environment, strong institutions and efficient financing are some important factors for donor to provide aid. In addition there has been discrepancy between donor assistance and the resource gaps. For example: large countries get little aid, and potential shortfalls among low-income countries. However, there has been funding gap for reproductive health, all over the world.

In conclusion, the speaker put priorities for research in three main focuses: 1) how achieve efficiencies in service delivery, 2) how balance public and private sectors and 3) how extend services to poverty groups, 4) the need to clarify reproductive health priorities for incoming government and 5) coordinate multidonor assistance.

II. 2. REPRODUCTIVE HEALTH CARE IN INDONESIA

By. Azrul Azwar

The Government's health policy is reflected in its goal of attaining Health for All by the Year 2000. The policy framework reflects high-level governmental commitments in five (5) important areas, namely: (1) universal access, (2) community-based health services, (3) family planning, (4) decentralized management, and (5) local financial accountability. High-level political commitment of the GOI toward the provision of RH care is reflected in the adoption of Safe Motherhood Initiative in 1998, the ratification of Law Number 7/1984 on CEDAW, the issuance of Law Number 23/1992 regarding Health and Law Number 10/1992 concerning Population Development and the Development of Family Welfare.

Attention should be paid to Reproductive Health status and issues through a) Essential RH Care Package (four areas: ERHCP) and Comprehensive RH Care Package (five areas: CRHCP). The five main areas are: (1) Safe Motherhood, (2) Family Planning, (3) STDs/RTI, including management of infertility, (4) Adolescent Reproductive Health, and (5) Prevention/management of Infertility.

The goal of RHC in Indonesia is to increase women's awareness of self-esteem and willingness to control their own bodies, their sexuality and ultimately their lives, in order to improve women's health encompassing their reproductive and sexual health and ability to exercise their reproductive rights lives

Three main targets have been set for the Sixth Five-Year Development Plan of 1993-1994-1998/1999 concentrated in (1) Safe Motherhood , (2) Family Planning and (3) Sexually transmitted Diseases /Reproductive Tract Infection.

Strategies to implement RHC in Indonesia will focus the following five issues:

- 1) Advocacy of the concept of RH and political commitment on RH for preparation of the environment to support RH
- 2) Involving community, NGOs and professional organization in dealing with all RH issues and activities
- 3) Improve the role and responsibility of men in RH, focus on the needs and specific concern of women's and adolescent's RH, and strengthen the adolescent and elderly RH programs ,
- 4) Strengthen the essential RH package to support promotive,, preventive, curative and rehabilitative efforts. and
- 5) Strengthen research and data collection on RH

The role of different sectors in RH is very important considering the broad concept of RH. This will include the following: 1) developing activities to support the health sector in RH, especially in non-technical area 2) Management of socio-cultural problems attributable to the risk factors in pregnant women; to the empowerment of women, by improving women's education, IEC on women's reproductive rights, and training to create skills for women to add to family income, to the management of social problems causing the transmission of STDs and problems of adolescent health. 3) Improve the readiness of adolescent as they entering reproductive age, covering improvement of nutritional status, knowledge of family life including the norm of small and happy family, and improve prevention of the incidence of pregnancy in adolescent. 4) Prevent the flow of incorrect information especially for impetus to RH problems. 5) provide RH care down to the village. 6) IEC for community on RH such as the maternal health campaign, HIV-AIDS prevention, etc

II. 3. OPERATIONS RESEARCH IN REPRODUCTIVE HEALTH

By. Emma Ottolenghi

Dr Ottolenghi started her lecture by describing what Operation research is, in terms of 1) how it can be treated as a process, and 2) as a problem-solving tool. 3) How OR can identify practical solutions to service delivery problems. Further, by giving some example, it can also be used as 4) a test for an innovative approach to health service delivery and 5) as prospective evaluation of alternative courses of action.

According to Dr Ottolenghi, at least there are four areas for OR in FP/RH, these are 1) Quality of Care and access, 2) Outreach to "special" populations, 3) integration of RH Services and 4) Cost-effectiveness/sustainability.

OR is also useful for both Providers and clients. For providers, OR is 1) a new training strategies, 2) a new job Aids/Tool and 3) for national guidelines norms. For the clients, OR can be used as 1) IEC strategies, 2) available services, 3) method selection, 4) Informed choice and 5) Empowerment. An example to OR was presented. For the case of method discontinuation, one should put emphasis on 1) counseling on side effects, 2) provider open and friendly, and better follow-up. For an Outreaches or special underserved population, such as youth, men, rural population and indigenous etc, one should focus on a special approaches. Also there is an example, in which reproductive health service can be served in a variety of health services such as: post-abortion care (PAC) and FP, pot partum services, FP and STDs, MCH and STDs and IN-reach groups.

Finally, in computing cost, sustainability/cost-effectiveness of RH program, there are some aspects for stakeholders to look into: 1) what providers are asked to do managerially/technically rational, 2) employer-based programs and 3) cost recovery. 4) ensuring of the using of research results: such as: the impact on the program as a whole, and the strategies for policy level and or advocacy. 5) Also, in order to increase the capability of research institutions, one should put emphasis on the institutionalizing problems solving and to insist on decisions made on empirical evidence. 6) Collaboration between research and service delivery organizations should be made in such a way that both understand and have a common language of the context of the OR.

II. 4. REPRODUCTIVE HEALTH RESEARCH IN THE FUTURE

By Meiwita B. Iskandar

Based on an early and Mid 1990s International Conferences (1993 Vienna Conference), The 1994 Cairo ICPD and 1995 Beijing International Women Conferences and recent literature, for example: Seligman et al., 1997), it becomes clear and important that reproductive rights and gender relations are the core issues in RH. It is also worth noting the need to include both micro-level and macro-level changes into reproductive health research. Within the context of the ICPD framework, the Indonesian Ministry of Health Priority Framework divides RH services into Four major components:

- (1). FP services that offer complete and accurate information about all contraceptive methods and that make contraceptive services, supplies and counseling accessible.
- (2) Prevention of sexually transmitted diseases (STDs)
- (3) Basic reproductive health services needed to reduce maternal mortality
- (4) Adolescent RH information, education and counseling on their related RH.

The three categories of reproductive health research are:

- 1) Policy oriented data gathering, analysis and dissemination,
- 2) Biomedical research and technological development and
- 3) Socio-cultural and economic research.

With regard to research, it seems that operations research (OR) is the only tool currently available to researchers, which can adequately address these complex inter-relationships. The speaker insisted that, while OR is not the primary means to develop successful models for integrating expanded services, it does demonstrate how these models can be implemented on the broader basis, without substantial increases in financial and human resources.

Finally, the author insisted that RH research must answer the call made during the 1994 Cairo Conference for expanded and integrated RH services. This means that RH includes program that addresses maternal and child health, family planning and emergency contraception, sexuality and adolescent reproductive health, sexually transmitted diseases including HIV/AIDS, post-abortion care and cross-cutting gender related issues like: female genital mutilations. She also confirmed that while these recommended programs are more responsive to clients needs, such programs are more complicated to design and implement.

II. 5. RESEARCH & DEVELOPMENT IN THE INDONESIAN REPRODUCTIVE HEALTH and FAMILY PLANNING

By. Pudjo Rahardjo

Reproductive Health is the complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters related to the reproductive system to its functions and processes. This implies that people are able to have a satisfying and safe sex and that they have the capacity to have children and the Reproductive Health include :

FP services, counseling and information; Prenatal, postnatal and delivery care; Health care for infants; Treatment for repro tract infections and STDs; Safe abortion services, where legal, and management of abortion-related complications; Prevention of and appropriate treatment for infertility; Information, education and communications on human sexuality, reproductive health and responsible parenthood, and discouragement of harmful practices like female genital mutilation freedom to decide if, when and how often to do so.

A BIRD'S EYE VIEW

A Historical Overview ; Stages of Program Development; From Program to Movement ; Community Participation : Grass Roots Institutions ; Service Statistics and Survey Data; RH/FP Research; Research Utilization; The Research Institutes; The Network and Networking; Future Perspectives.

CURRENT ISSUES

POPULATION ISSUES: Quantity: Total Poppulation -- 205 million; TFR -- 2.7; Growth Rate -- 1.5. Quality: Health & Nutrition; Education; Income; Poverty. Population Distribution: Urban – Rural; Inter-Island; Occupation

MANAGERIAL ISSUES: Changing Operational Conditions; Inter-Sectoral Reliance to BKKBN; Inter-Sectoral Coordination; Decentralization; Size and Variations; Human Resources of the Program; Limited Resources; Grass-roots Institutions

SOCIO-CULTURAL ISSUES: Human Resources' Potentials; Unwanted pregnancies; Norms & Values; Unmet Needs; Crisis Conditions ; E C P; Cadres' Motivation

THE SETTING:

THE POPULATION

Pop: 205.2 mill; TFR 2.6; IMR: 47; MMR 225/100000 lb; CPR: 54.7 ; Total Families: 44,657,050; Pre-Prop Fam's: 7,316,274 (16.4 %); Prop Stage 1: 9,682,161 (21.7 %); Unmetneed : 9.2 % = spacing 4.2%; limiting 5%; MAFM 18.6 Yr.

THE POPULATION AND RH POLICY

Act No. 10, 1992; Population & Development; Human Resources Development; Population and Religion; Reproductive Health Programs; Maternal Welfare; Compulsory Education; Gender Issues; Adolescent Reproductive Health; The Aged.

THE STRATEGIC ENVIRONMENT

The Political Commitment; The Political Infrastructure; The Government Structure; The Religious Circles; The NGOs; The People and Community; The Academic Institutions.

STAGES OF PROGRAM DEVELOPMENT

The Three Dimensiions; From Program to Movement; The Village Institutions; The Cadres and Voluntarism. *IEC for Behavioral Change*: Mass Media; Printed Media; Electronic Media; Special Campaigns; Special & Public Ads; Internet; Orientation & Meetings; Inter-Personal Communications/Coun-seling; Seminars & Meetings. *Self Reliance, Commercial sector and The Private Sector: Social Marketing*; The Clients; The Providers; The Outlets; The Atmosphere; Standards & Quality of Service.

THE NON-GOVERNMENT ORGANIZATIONS ROLES AND ROLE DEFINITION

Who are they ?; Religious Organizations; Social Organizations; Professional Associations; Community Organizations; Benefits & Rewards ?; Role Assignments ?

RESEARCH & DEVELOPMENT IN THE INDONESIAN RH/FP MOVEMENT

Bio-Medical; Family Planning; Family Welfare; Research Utilization; The Methodologies; The Network

RH RESEARCH NETWORK AND NETWORKING

Population Studies Centres; Professional Associatiions; Medical Faculties; Teaching/Research Hospitals; Private Research Institutes & Companies; International Donor Agencies; International Research Institutes at State Universities; IDI, IBI, ISFI, ISI, IPADI, Perinasia; Centres of Excellence; State and Private Hospitals; Surindo Utama, SRI, PT. Frank Small; WHO, UNFPA, UNDP, Pop Council, JHPIEGO; Macro Int'l, Rand Corp, JHU/PCS.

BIOMEDICAL RESEARCH: TRACK RECORD

Oral Contraceptive Raw Material Study - 1978; Contraceptive Use-Dynamics Studies -- 1976, 1980, 1978, etc; Acceptability Studies of Norplant; Maternal Mortality Studies; Clinical Trials for Implant Norplant; Clinical Trials for Implant Implanon; Clinical Trials for Implant Jadena; Clinical Studies for Injectables > Cyclofem; The Effectiveness of Village Midwives; A Series of Integrated Health/FP Studies; FP Quality Improvement Studies.

PSYCHO-SOCIAL RESEARCH TRACK RECORD:

Demographic and Health Studies -- 1987, 1991, 1994, 1997; Indonesian Family Life Studies; Adolescent Reproductive Health Studies; The Effectiveness of FP Field workers; The Effectiveness of Village FP Institutions; A Series of Evaluation Studies on Income Generating Activities

UTILIZATION OF RESEARCH DATA

Bi-annual forum: Pre-National Congress; Pre-Review (Mid-year); Executive Seminars; Congresses of Professional Associations; National & International Forum; International Training Program; Publications

LOOKING INTO THE FUTURE:

(External) CHALLENGES: Efficiency & Effectiveness; Shrinking Resources; Program HRD; ARH; STD/HIV AIDS ; Gender Issues / Male Participation; Women empowerment; Infertility; Un-safe motherhood; Aging. **(Internal) CHALLENGES:** Uniqueness of RH Research; Methodology; Coordination; Convergence of interests; Research Priorities; Human Resources; Utilization; Capturing attention; Agenda

II. 6. REPRODUCTIVE HEALTH RESEARCH AGENDA

By, Andriansyah, Aucky Hinting , and Umar Fahmi Achmadi

Beginning with the endorsement of the concept of sexual and reproductive health and rights which have a number of implications both to service delivery and research, the speaker (Dr Aucky) reviewed Reproductive Health Situation in Indonesia, covering 1) safe motherhood 2) Family Planning, 3) STD/HIV/AIDS and 4) Adolescent Reproductive Health.

Reproductive health goals are, 1) to increase women's awareness of self-esteem willingness to control over their own and ultimately, their lives, 2) to improve women's health encompassing their reproductive and sexual health and the ability to exercise their reproductive right. Including in this goals are, for example, to reduce MMR from 425/100,000 LB in 1993 to 225 per 100,000 live birth by the year 2000, to increase the coverage of antenatal care during pregnancy from 64% to 40 % and increase delivery assisted by health personnel from 55% to 75% and special target for the case of anemia, STD prevention/treatment program. In terms of Family Planning, the goals are also set for increasing the number of new acceptors, current users, self-reliance for family planning, , improve of quality of care etc.

In terms of defining RH package for Indonesia, the national workshop conducted in collaboration with MOH, BKKBN, WHO, UNFPA, Population Council, it has been agreed that a proposed framework for Indonesia will be 1) Essential Reproductive Health Package and 2) Comprehensive Reproductive Health Package. Accordingly, the framework for program implementation of RH Care package in Indonesia are: 1) Integration of care for STDs within the MCH, FP and Adolescent Health Care activity, 2) Coordination of care, both between different division of health facilities and between health facilities and communities, 3) Setting priorities, through needs assessment at all level, 4) Gradation of level of care, in which emphasis and complexity must specially tailored in accordance with various program level and 5) Operations research.

With regard to RH research Agenda, 1) Method of research should be relevant to RH, underlying principles in RH research and 2) Research issues recommended by WHO and adapted by National, Institute of Health and Development MOH,

Twelve (12) RH research issues were put forward, in which each covers the following areas: a) improving understanding, b) developing tools and technologies, c) shaping legislation and politics, and d) improving programs and services,

Finally, a Reproductive Health Communication Forum as set and a list of proposed research areas was generated, covering the following areas: a) Planning and programming for RH, b) Sexual development maturation and health, c) Fertility Regulation, d) Maternal Health, e) perinatal health, f) Unsafe abortion, g) Development and promotion of best practice for the diagnosis and management of RTIs, STDs, and cervical cancer.

II. 7. SETTING PRIORITIES for REPRODUCTIVE HEALTH SERVICES

By Kokila Agarwal

Dr Agarwal, first, introduced a practical framework, developed by Columbia School of Public Health, "Setting Priorities in International Reproductive health Programs", The premise of this framework is that program priorities should be based on the joint consideration of a number of key factors, which are rarely systematically considered in practice. The framework help choose program priorities among the many reproductive health problems and potential interventions.

- 1.. Importance of the reproductive health problem
1. Efficacy of the potential interventions
2. Program requirements
3. Financial costs,
4. Capacity of the health systems and
- 6 Cultural, policy and legal factors.

By systematically appraising the six factors as they apply to each of these problems and the interventions that could be undertaken to address them, program planners can make sound program choices. To help all participants make choices by using a rational and systematic priority setting process, Dr Agarwal implied this framework to Nepal RH program. Started with Reproductive Background in Nepal, she put forward challenges faced, how to make approach before we arrive at the workshop to prioritize interventions.

A list of RH problems is generated, what interventions for achieving desired fertility are necessary. The Columbia Framework Factors area covers: 1) Importance of Problem (Magnitude, severity, related impact etc); 2) Efficacy (general experience, both international and national), Program requirements (Inputs necessary to provide service, 4) costs (relative costs to achieve desired impact). 5) Capacity (Existing systems to provide service, 6) Cultural/Policy/Legal (Outside issues that impact service)

From these framework factors, participants started to list work objectives, the process of ranking the (a certain sum of Interventions) for each of RH problem, interventions Scored on factors 1 through 6. Then, the interventions were ranked (for example, the scores from one group for the RH problem of (certain element, say, STDs), Then a list of intervention is produced to which ranking is made again. . Say, they at last pick up 6 RH problems. 1-6 scores is given to these problems in which 6=highest, 1=lowest Next, by merging Importance with intervention Rankings a list of 1) highest priorities 2) intermediate priorities and 3) long-term priorities are generated.

At the end , process results covered 1) data and research-based process, 2) RH community brought together for policy discussion, 3) Consensus developed for priorities, and 4) guide to preparing a national action for RH.

Lessons learned from this case study are: 1) There are different approaches to priority setting 2) steps taken during the process builds capacity and consensus, 3) Value of information in decision-making and 4) identification of information gaps are fundamental consideration and 5) The importance of networking, participation.

II. 8. REPRODUCTIVE HEALTH PROBLEMS AND RESEARCH NEEDS

By Biran Affandi

Defining the broad spectrum of Reproductive Health, Dr Biran affandi discussed its Objectives, problems , policy , efforts etc should be on the basis of the following twelve pillars 1. The status of women 2) Family Planning 3) Safe motherhood, 4) Abortion 5) RTI/STDs/HIV/AIDs) Infertility 7) RT malignancy 8) Nutrition 9) Infant and Child Health, 10) Adolescent RH 11) Sexual Behavior and Harmful Practice and 12) Environmental and occupation RH

With regard to Pillar 1) (empowerment of women) strategy should be adapted to reduce poverty, promote economy and achieve population policies. With regard to FP, It is true that the number of new acceptors and current users are continuously increasing, but the number of contraceptive failure is also tremendous. Consequently, the number of induced abortion (unsafe) is also increasing. This fact contributes significantly to the number of RTI, maternal death, perinatal death, infertility etc.

A special effort should be directed to 1) contraceptive failure, 2) RTI, 3) (unsafe) Abortion, 4) Maternal death, 5) adolescent fertility, 6) perinatal morbidity and mortality, 6) infertility and 7) fertility regulation. Finally, human reproduction may be seen as part of a cubic in which every stage of human life (infant/child, adolescence, reproductive age and climateric) is inter-related with the four discipline of medical sciences: basic, clinic, epidemiology and socio-behavioral and with the six non-clinical sciences: pathology, biochemistry, molecular biology, pharmacology, pathology and clinic.

II. 9. FAMILY PLANNING AND REPRODUCTIVE HEALTH SERVICE VIEWED FROM DEMAND SIDE

By. Wandri Mukhtar

Dr Wandri presented the scope of FP and RH service from 'demand side' point of view and issues or problems encountered. Activities conducted by the National FamilyPlanning Movement have been directed to empowerment of families accomplished along with related sectors, professional organizations and NGOs and rural community institutions, community members and families.

An extended definition of reproductive health definition, in the context of National FP Movement, is a condition that is being physically healthy, mental and socially well-being in totality in terms of all aspect related to the system and functions and the process of reproduction, and not merely a condition of free from illness and infirmity, and is built based on legal marriage, able to meet mean spiritual and material life and thrust in God Almighty, that have appropriate relation, in harmony with and balanced among family members with the community and its environment.

Based on fact that activities to maintain life course from the earliest stage of life cycle through old ages, components of RH Care Program are IEC, FP and RH service which covers FP service with the availability of quality service, FP and RH services, covering FP services with the provision of quality service, that is also effective, accessible, and MCH, Safe-motherhood, STDs and HIV/AIDS prevention and Adolescent Reproductive Health service.

There are some problems and obstacles that are encountered at the present time, such as 1) the understanding of reproductive health concept, which is very superficial, 2) the understanding by the community or the importance of making use of RH by the community. 3) Economic and monetary crisis and 4) social culture factors. While its challenges are the era of globalization, 5) the issues of Human rights and information, ASFR has increased during the 1994 ICPD and ICPD plus 5. 6). The involvement of women and adolescence and 7). The responsibility of men.

The main activities of FP/RH services are as the following:

1. Campaign IEC of Care Facilities
2. FP/RH Services (enhancement of FP quality of care),
3. Increased of self-reliance for FP.
4. Special service for Pre-welfare and Welfare I Families,
5. Postpartum care,
6. Crisis handling post, (contraceptive supply),
7. FP acceptors care and the enhancement of the role of Integrated health services (posyandu)
8. MCH program, including: care of pregnant women before the first pregnancy, during the gestation and during delivery and post partum.
9. Program of empowerment of women and women in the families
10. Care program for Toddlers, adolescence and elders.
11. Awareness Program against HIV/AIDS.

In the development and consolidation of program of NFPM (GBKN) concerning to FP and RH services, it is necessary to have the support of accurate information from studies results. A list of some research areas was put forward from the point of view of demand side to be offered as the priority:

1. Studies on reproductive health indicators viewed both from point of input, process and output
2. Studies directed to motivators
3. Studies on FP and RH services
4. Studies on the acceptability of contraception
5. Studies on meeting the contraceptive need among unmet-needs and outreach
6. Studies directed to consolidation of and development of self-reliance or Family planning
7. Studies on maternal and child health
8. Studies on Adolescent RH
9. Studies on HIV/AIDS
10. Studies on infertility
11. Studies on participation, role and responsibility of husbands in the FP/RH programs

II. 10. EXAMPLE OF GOOD REPRODUCTIVE HEALTH PROGRAM

By. SDA Soesbandoro

Although, in general, development in NTB (West Nusa Tenggara) has shown improvement in public health, MMR and IMR are still high. Accordingly, every effort to reduce these rates should become priorities. Some efforts are being in-progress in this province, and interventions are being directed to targets: eligible couples, pregnant or women having delivery and post delivery, and new-born babies.

5. Intervention is being directed to health service, starting from hospital, in the province, districts, health center and "delivery hut" through improvement of management and coverage of those high risk (RISTI-Resiko Tinggi) and skills of health workers in addition to providing of health facilities (Kegawat-daruratan Obstetri dan neonatologi (KDON)= Obstetrics and Neonatal Emergency care).
6. Service Health Center as a Central Referral Health Center represents a model appropriate and suitable to the NTB condition.
7. Pro-active hospital by conducting education and training in Maternal and Neonatal Audit , Quality Assurance, applied research within hospital and Mother Care Movement (GSI-Gerakan Sayang Ibu) which is very useful to reduce MMR
8. Interventions in the socio-anthropology, socio-cultural and socio-economy aspects which has so far not been successful, so it necessary to think of an integrated related undertaking after learning all those aspects.
5. Community self-support for cost for delivery or and its referral should be stimulated.

As members the community, village midwives at the rural areas should be supported by establishing groups of community members such as cadres, traditional birth attendants, Welfare family movement etc to discuss and help solve non medical problems that exist in the village.

Enhancing the status of life through up-grading women social economic status is an important factor leading to declining of MMR. From a variety of factors that influence MMR and enforcement to achieve the acceleration of MMR decline , active roles of OBGYN is necessary not only within the hospital but also outside. Sectoral roles , particularly from the provincial government in the aspect of reproductive health is also contributing to the decline of MMR.

II. 11. RESOURCES ON REPRODUCTIVE HEALTH CARE (RHC) IN INDONESIA

By Soewarto Kosen , Ni Ketut Aryastami, and Agus Suwandono

Introducing the broad spectrum of reproductive health (RH) that is in line with the 1994 Cairo ICPD, Dr Kosen (presenter) stressed that the main government institutions with the biggest responsibility to the RHS are the Ministry of Health (MOH) and the Office of State Ministry of Population/ BKKBN. As a consequence, RH care is the constellation of methods, techniques and services that contribute to RH problems. MOH of Indonesia is fully committed o the ICPD document with the integrated comprehensive, cost-effective, multisectoral and inter-programs RHS.

Some important initiatives taken has been the establishment of National Commission of Reproductive Health involving all related sectors, professional organization, universities and NGOs. The RHC program included family health education, prevention of adolescence pregnancy, STD prevention, ANC, safe delivery, newborn care, PNC, family planning, infertility, cancer screening, menopause and andropause health services. Other policies that have been taking were: strengthening the political commitment to involve various parties and agencies to post midwives in the village and to increase the coverage and quality of MCH care. The last policy consisted of improving the referral system, early detection and management of high risk pregnancies and deliveries as well as improving the Life-Saving Skill of the village midwives. These also include: provision of intensive training on comprehensive emergency obstetric care is given to the members of district hospitals team as well as training on basic obstetric and neonatal care is provided to the members of the health center team.

Current efforts of the government has been the implementation of the Social Safety Net for Health Sectors (JPS is an Indonesian acronym for Social Safety Net) to help those stricken by the continuous economic and monetary crisis. With regard to resources for RHC in Indonesia, covering budget, manpower, facility and methodology were also described in detail. Some obstacles were :decreasing amount of budget provided both b the government and donors.

Problems encountered and their solutions, can be described in detail in terms of resources, some problem related to 1) donor interest (donor driven program), 2) top down program, 3) local problems etc and 4) research format regarding small fund available, 5) no priorities set and the problem of few experts in RH

Finally, since resources for RHC are limited, research and thorough analysis on the uses of RHC resources are needed. Based on those activities, priorities can be set and appropriate resources can be planned

1. BACKGROUND

One of the strategic objective of the Symposium and Workshop on RH research agenda conducted in Bandung on 22nd-24th April 1999 is TO recommend RH research agenda for 5 year period, from the year 1999 to 2004.

In line with the workshop objectives, participants were divided into 3 groups. All the groups were assigned discussed similar topic, in two consecutive sessions. Firstly, the group discussed, the current RH issues in Indonesia as a whole. Based on RH issue identified, a prioritization process took place using Practical Frame Work of Setting Priorities in International Reproductive Health Program, the and a list of RH research area was formulated. After all the three groups finished discussion, group's list of RH research area priority were presented in plenary discussions session. Secondly, group discussions were conducted again. Based on the priority of the RH research areas which were chosen in the first discussion session, the groups identified lists of research topic related to the research area. All research topics identified were presented in the next plenary discussion.

2. RH RESEARCH AREA PRIORITY

There was variation among the three groups on the priority of research area. This variation is illustrated in detail in the table on the next page. (Table 1)

Based on the result of the priority setting conducted by the groups, The Steering Committee proposed rank of RH research areas which are showed in the last column of the table. Safe motherhood undoubtedly was chosen as the first rank of research area, followed by Perinatal/ Infant/Child Health and Family Planning.

Table 1
Rank of RH Research Area Priority
(Base on the group discussion result)

RESEARCH AREA	GROUP'S RANK PRIORITY			PROPOSED RANK OF PRIORITY
	GROUP I	GROUP II	GROUP III	
1. Safe motherhood	1	1	1	1
2. Perinatal/Infant/Child health	2	1	2	2
3. Family Planning	3	2	3	3
4. Status of Women	4	-	5	5
5. Environmental/ Occupational RH	5	-	-	12
6. Abortion	6	-	3	4
7. RTI/STD's/HIV-AIDS	7	3	3	6
8. ARH	8	4	-	7
9. Nutrition	9	1	4	8
10. Sexual Behavior/Harm-ful practices/ Sex Violence	10	-	11	13
11. Elderly	11	5	9	10
12. Reproductive tract Malignancy	12	-	8	11
13. Infertility	13	-	7	9
14. Policy	-	6	-	14
15. Male Participation	-	-	6	15
16. Social,Economic & Culture	-	-	7	16
17. RH-MIS/Vital Statistics	-	-	7	17
18. Quality assurance	-	-	7	18
19. Service Utilization	-	-	10	19
20. Sexual deviation	-	-	13	20

Indeed, the twenty RH research area chosen by the groups could be grouped into a more specific broader area, which of course are consist of several sub-area of RH research. In line with that purpose and based on the proposed priority ranking, a more condensed research area grouping was set by the Steering Committee. The committee regrouped the area of research from twenty areas to only nine broader items. The detail illustration was showed in the second table. (Table 2)

Table 2
Proposed RH Research Area
(by priority order)

RH Research Area/Sub-area	Research Priority Category
1. Safe Motherhood a. Maternal Health b. Abortion c. RT Malignancy d. Status of Women e. Nutrition f. Environmental /Occupational RH 2. Perinatal/ Infant/Child Health 3. Family Planning	HIGH
4. RTI/ STD's /HIV-AIDS 5. ARH 6. Infertility	MEDIUM
7. Elderly 8. Social, Economic & Culture a. Social-economic b. Social-cultural <ul style="list-style-type: none"> • Sex Behavior/Harmful Practices/Sex Violence • Male Participation • Gender Issue 9. Policy of services a. Net Working b. RH MIS/Vital Statistics c. Service Utilization d. Quality Assurance/ Care/Improvement	LOW

3. RESEARCH AGENDA

As mentioned, earlier the second group discussion of the workshop came up with several list of RH research topics for every research area which had been chosen by the groups. During the plenary session, all participants of the workshop agreed with those research topics which would be categorized into three type of research. First category was routine research, second problems solving research and the third, development research. List of study topics was illustrated in detail in the following table. (Table 3). All research topics that had been identified, will be adopted as an agenda of RH research in Indonesia for five year period (1999-2004), and be proposed for support to donor agencies.

Table 3
List of Research Topics Proposed by the Participant
Base on Type of Study and Research Area Priority

Rank of Research Area (SUB AREA)	Proposed RH Research Topics		
	ROUTIN	PROBLEM SOLVING	DEVELOPMENT
HIGH PRIORITY			
1. Safe Motherhood			
• Maternal Health	<ul style="list-style-type: none"> ♦ MMR ♦ ANC/"New Model" ♦ Delivery by Health Provider ♦ Ob-gyn Service Availability ♦ Prevalence of Anemia in Women ♦ IEC (Review/Studies) 	<ul style="list-style-type: none"> ♦ Studies on 4 "too" (too young, old, late, close) ♦ KAP Studies ♦ Referral Studies ♦ Post Partum Care ♦ Emergency Obstetric Services (Bleeding, Pre-eclampsy, Infection) ♦ Mother Baby Package ♦ AMP 	<ul style="list-style-type: none"> ♦ Studies on Eclampsy ♦ Basic Obstetric Services ♦ AMP
• Status of Women	<ul style="list-style-type: none"> ♦ KAP 	<ul style="list-style-type: none"> ♦ IEC ♦ Studies on Current Status of Women 	<ul style="list-style-type: none"> ♦ Women Role in decisions making ♦ Women empowerment Studies
• Abortion	<ul style="list-style-type: none"> ♦ Prevalence of Abortion (Married/Unmarried) 	<ul style="list-style-type: none"> ♦ Post Abortion Care ♦ Provider's, Clients and Communities KAP on Abortion 	<ul style="list-style-type: none"> ♦ Herbal Medicine for Abortion ♦ Post Abortion
• Nutrition	<ul style="list-style-type: none"> ♦ KAP on Maternal Nutrition ♦ Post Partum Anemia ♦ Iron Deficiency Studies 	<ul style="list-style-type: none"> ♦ Food Supply Studies 	<ul style="list-style-type: none"> ♦ Nutrition Studies (Micro Nutrient) ♦ Studies on Income Generating Programs

Rank of Research Area (SUB AREA)	Proposed RH Research Topics		
	ROUTIN	PROBLEM SOLVING	DEVELOPMENT
<ul style="list-style-type: none"> Reproductive Track Malignancy Environment/ Occupational RH 	<ul style="list-style-type: none"> Prevalence Studies on RT Malignancy Prevalence of Smoking Women Screening on Cancer 	<ul style="list-style-type: none"> Screening on RT Malignancy Women Labor Studies (Working Women in Industry) Sexual harassment on working women Studies on working women in foreign country. 	<ul style="list-style-type: none"> Treatment and rehabilitation on RT Malignancy New Drugs on RT Malignancy New Technique on RT Malignancy Impact of Pollutant on RH
2. Perinatal, Infant and Child Health	<ul style="list-style-type: none"> Perinatal Morbidity and Mortality Studies Low Birth Weight prevalence Studies ANC 	<ul style="list-style-type: none"> Accessibility of Perinatal Care 	<ul style="list-style-type: none"> TORCH Congenital Anomalies
3. Family Planning	<ul style="list-style-type: none"> Contraceptive Prevalence Studies Premarital Counseling Counseling Services Post Partum Programs Gold Standard of FP Services 	<ul style="list-style-type: none"> Unmet Need Studies Emergency Contraception Side Effects Complication Studies 	<ul style="list-style-type: none"> Traditional Medicine for FP New Contraception New Techniques on Contraception Alternative Point of Services
MEDIUM PRIORITY 4. RTI/STD/HIV-AIDS	<ul style="list-style-type: none"> RTI/STD/HIV-AIDS prevalence studies Surveillance on RTI/STD/HIV-AIDS Informal Leader Role on prevention of RTI/STD/HIV-AIDS Studies SIM Studies on RTI/STD/HIV-AIDS 	<ul style="list-style-type: none"> KAP Studies on RTI/STD/HIV-AIDS Condom/barrier method use studies IEC for RTI/STD/HIV-AIDS studies Souci cultural/Behavioral studies on RTI/STD/HIV-AIDS 	<ul style="list-style-type: none"> Impact of RTI/STD/HIV-AIDS on RH New IEC Material Development for RTI/STD/HIV-AIDS Studies on management of RTI/STD/HIV-AIDS
5. ARH	<ul style="list-style-type: none"> KAP studies on ARH 	<ul style="list-style-type: none"> Sex Education Studies Development and Evaluation on "BKR" model 	<ul style="list-style-type: none"> Comprehensive Services Model for Adolescent (including juvenile

Rank of Research Area (SUB AREA)	Proposed RH Research Topics		
	ROUTIN	PROBLEM SOLVING	DEVELOPMENT
		<ul style="list-style-type: none"> ♦ Adolescent Counseling Studies ♦ IEC 	delinquency)
6. Infertility	<ul style="list-style-type: none"> ♦ Prevalence studies on Infertility 	<ul style="list-style-type: none"> ♦ KAP studies on Infertility ♦ Infertility determinant Studies 	<ul style="list-style-type: none"> ♦ Assisted Reproductive Technique
LOW PRIORITY 7. Elderly	<ul style="list-style-type: none"> ♦ KAP Studies on Elderly ♦ Prevalence of Elderly Mapping ♦ Compliance Study of Elderly 	<ul style="list-style-type: none"> ♦ Elderly Status Studies ♦ Integrated Service Post for Elderly ♦ IEC development ♦ Souci & Psycho-cultural aspect studies ♦ Sexual problem on elderly studies ♦ Degenerative changes studies 	<ul style="list-style-type: none"> ♦ Readiness & preparation ? ♦ Elderly Service Model Studies ♦ Hormonal Therapy ♦ Physical Exercise for elderly Studies ♦ Cancer Studies on elderly
8. Social, Economic and <ul style="list-style-type: none"> • Culture • Social Economic • Social Cultural : Sex behavior/ Harmful practices /Surveillance • Male Participation • Gender Issue 	<ul style="list-style-type: none"> ♦ Cost Effectiveness of RH Services Studies ♦ Extra Marital Sex Relationship Behavior Studies ♦ KAP Studies on SB/HP/SV ♦ Prevalence Studies on SB/HP/SV ♦ Souci Cultural Studies on SB/HP/SV 	<ul style="list-style-type: none"> ♦ IEC on SB/HP/SV ♦ Management and treatment studies on Sex Violence's Victim 	<ul style="list-style-type: none"> ♦ Male Participation on Safe Motherhood and FP Studies.
9. Policy & Services <ul style="list-style-type: none"> • Networking • MIS of RH / Vital Statistics 	<ul style="list-style-type: none"> ♦ Development of National Integrated MIS on RH Research 	<ul style="list-style-type: none"> ♦ Coordination Mechanism on RH studies ♦ Networking on RH studies 	

Rank of Research Area (SUB AREA)	Proposed RH Research Topics		
	ROUTIN	PROBLEM SOLVING	DEVELOPMENT
<ul style="list-style-type: none"> • Service Utilization • Quality Assurance/Care/Improvement • Law 	<ul style="list-style-type: none"> ♦ Accessibility Studies on RH services ♦ Guidelines / SOP development on RH services ♦ Development monitoring and evaluation tool on RH services. 	<ul style="list-style-type: none"> - ♦ Provider's KAP studies on RH ♦ Provider's skill improvement studies on RH services ♦ Curriculum development for RH training/education. ♦ Law and abortion studies. 	<ul style="list-style-type: none"> ♦ Integrated Services on RH

APPENDICES

Appendix 1. : List of Participants
Symposium & Workshop On Reproductive Health Research Agenda
 Sheraton Hotel Bandung, 22-24 April 1999

NO.	NAME OF PARTICIPANT	INSTITUTIONS	SYMPOSIUM/ WORKSHOP
1.	Prof. Dr. Ida Bagus Oka	State Minister of Population/ Chairman NFPCB	SYMPOSIUM
2.	Prof. Dr. Farid A. Muluk	Minister of Health	SYMPOSIUM
3.	Dra. Tuti Alawiyah	State Minister for Women Affairs	SYMPOSIUM
4.	Prof. DR. Azrul Azwar, MPH.	Director General Primary Health Care, MOH	SYMPOSIUM
5.	Drs. Sardin Pabbadja	Vice Chairman, NFPCB	SYMPOSIUM
6.	DR. Pudjo Rahardjo	Deputy for Training & Program Development	SYMPOSIUM /WORKSHOP
7.	Drs. Mazwar Noerdin	Deputy for Planning & Program Analysis	SYMPOSIUM / WORKSHOP
8.	Drs. Sunyoto, SKM.	Deputy for Administration	SYMPOSIUM
9.	Drs. H.A. Muchyi, MM. MBA	Deputy for Family Planning	SYMPOSIUM
10.	Dr. R. Hasan M. Hoesni, MPH.	Chief, Center for Biomedical & H.R. Studies, NFPCB	SYMPOSIUM / WORKSHOP
11.	Dr. Yurni Satria, M.Phil	Chief Bureau of Planners, NFPCB	SYMPOSIUM / WORKSHOP
12.	Dr. Wandri Muchtar, MSc.	Chief Bureau of Contraceptive Service, NFPCB	SYMPOSIUM / WORKSHOP
13.	Abd. Aziz Wahab	Chief, Center for FP & Population Studies , NFPCB	SYMPOSIUM / WORKSHOP
14.	DR. Rohadi Haryanto, MSc	Chief, Center for Family Welfare, NFPCB	SYMPOSIUM / WORKSHOP
15.	Dr. Ritola Tasmaya, MPH.	NFPCB	SYMPOSIUM / WORKSHOP
16.	Drs. Tamadi	Chief, NFPCB West Java	SYMPOSIUM / WORKSHOP
17.	DR.dr. Biran Affandi, SpOG.	Association of Obst & Gyn of Indonesia	SYMPOSIUM / WORKSHOP
18.	Dr. Emma Ottolenghi	Population Council -New York	SYMPOSIUM
19.	DR. William Mc. Greevey	Policy Project	SYMPOSIUM / WORKSHOP
20.	DR. Kokila Agarwal	Policy Project	SYMPOSIUM / WORKSHOP

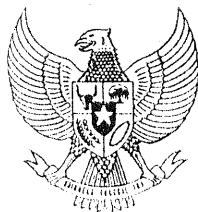
21.	Dr. Kokila Vadya	WHO	SYMPOSIUM / WORKSHOP
22.	Williem L.R. Emmet Dr.PH	Policy Project	SYMPOSIUM / WORKSHOP
23.	Elizabeth Kugler	Policy Project	SYMPOSIUM / WORKSHOP
24.	Meiwita B Iskandar, MD. Ph.D	Population Council	SYMPOSIUM
25.	Dr. Lies Zakaria Mars	UNFPA	SYMPOSIUM /WORKSHOP
26.	Dr. Abdullah Cholil , MPH	State Ministry Women Affairs	SYMPOSIUM
27.	Dra. Sumarni Dawam Rahardjo	State Ministry Women Affairs	SYMPOSIUM
28.	Moch Warid, SE	State Ministry Women Affairs	SYMPOSIUM/ WORKSHOP
29.	Dr. Hidayat Wijayanegara, SpOG	Center UNPAD, Bandung	SYMPOSIUM /WORKSHOP
30.	Prof. Dr. Sri Kadarsih Sujono, MSc.	Center UGM, UNAIR	SYMPOSIUM / WORKSHOP
31.	Dr. Bantuk Hadijanto, SpOG.	Center UNDIP, Semarang	SYMPOSIUM / WORKSHOP
32.	Dr. H. Samsulhadi, SpOG	Center UNAIR, Surabaya	SYMPOSIUM / WORKSHOP
33.	DR. Aucky Hinting	Center UNAIR, Surabaya	SYMPOSIUM / WORKSHOP
34.	Prof. Dr. Djafar Sidik, SpOG.	Center USU, Medan	SYMPOSIUM / WORKSHOP
35.	Dr. Rizani Amran, SpOG.	Center UNSRI, Palembang	SYMPOSIUM / WORKSHOP
36.	Dr. H. Mahyuddin Soelaiman, SpOG.	Center UNAND, Padang	SYMPOSIUM / WORKSHOP
37.	Dr I. Made Kornia Karkata, Sp. OG	Center UNUD, Bali	SYMPOSIUM / WORKSHOP
38.	Dr. A. Wardihan Sinrang. MS.	Center UNHAS, U.Pandang	SYMPOSIUM / WORKSHOP
39.	Dr. Eddy Suparman, Sp. OG.	Center UNSRAT, Manado	SYMPOSIUM / WORKSHOP
40.	Prof. Dr. A. Hidayat SpOG	Center UNIBRAW, Malang	SYMPOSIUM / WORKSHOP
41.	Dr. Istanul Badiri	Center Syiah Kuala, Bd.Aceh	SYMPOSIUM /WORKSHOP
42.	Dr. Sutarinda Z, SpOG	Center UNSRAT Banjarmasin	SYMPOSIUM /WORKSHOP
43.	Dr. Susbandoro, SpOG	Center Mataram	SYMPOSIUM /WORKSHOP
44.	Dr. Dasep Budi Abadi, MS.	Center for Biomedical & HR Studies, NFPCB	SYMPOSIUM /WORKSHOP
45.	Drs. Sugihartatmo, MPIA.	Center for Biomedical & HR Studies, NFPCB	SYMPOSIUM /WORKSHOP
46.	Dr. Lely E. Hadjar, MPH.	Bureau for Contraceptive NFPCB	SYMPOSIUM /WORKSHOP

47.	Dr. Anthony Tan, Ph.D	Center for Biomedical & HR Studies, NFPCB	SYMPOSIUM /WORKSHOP
48.	Siswo Poerwanto, MSc, MPH.	MOH	SYMPOSIUM /WORKSHOP
49.	Dr. Lukman H.L. MBA.	MOH	SYMPOSIUM / WORKSHOP
50.	Dr. Andriansyah Arifin, MPH.	MOH	SYMPOSIUM / WORKSHOP
51.	Dr. Suwanto Kusen	MOH	SYMPOSIUM / WORKSHOP
52.	Dr. Ferinawati, SKM, MPH	MOH	SYMPOSIUM / WORKSHOP
53.	Dr. Nurlita Saritama, MPH.	MOH	SYMPOSIUM / WORKSHOP
54.	Dr. Fony Silvanus, MSc.	MOH	SYMPOSIUM / WORKSHOP
55.	Dr. Neni Rochdiyani	MOH	SYMPOSIUM / WORKSHOP
56.	Dr. Triono Sundoro, MPH.	National Plan & Development	SYMPOSIUM / WORKSHOP
57.	Ni Ketut Aristami, MCN.	MOH	SYMPOSIUM / WORKSHOP
58.	Drs. Bogat Widyatmoko, MA.	National Plan & Development Bodies	SYMPOSIUM / WORKSHOP
59.	Drh. Mutiarawati, MA.	Center for Health Research , UI.	SYMPOSIUM / WORKSHOP
60.	Atashendartini Habsyah, MA	Atmajaya R & D for Women Studies	SYMPOSIUM / WORKSHOP
61.	Dr. Julfita Rahardjo	R & D, Indonesia Institution of Science	SYMPOSIUM / WORKSHOP
62.	Prihartini Ambaretnani, Dra. MSc.	UNPAD, R & D for Women Studies	SYMPOSIUM / WORKSHOP
63.	Dra. Luly Altruismaty, MSc	Bureau of Planner, NFPCB.	SYMPOSIUM / WORKSHOP
64.	Dra. Flourisa Juliaan, MKM.	Center for Biomedical & HR Studies, NFPCB	SYMPOSIUM / WORKSHOP
65.	Dra. Hadriah Oesman, MS.	Center for Biomedical & HR Studies, NFPCB	SYMPOSIUM / WORKSHOP
67.	Dra. Leli Asih	Center for Biomedical & HR Studies, NFPCB	SYMPOSIUM / WORKSHOP
68.	Drs. T.Y. Prihyugianto, MsPH.	Center for Biomedical & HR Studies, NFPCB	SYMPOSIUM / WORKSHOP
67.	Dra. Wiwiek Pratiwi	Center for Biomedical & HR Studies, NFPCB	SYMPOSIUM / WORKSHOP
68.	Dra. Maria Anggraeni, MS.	Center for Biomedical & HR Studies, NFPCB	SYMPOSIUM /WORKSHOP
69.	Ermawati	Policy Project	SYMPOSIUM/WORKSHOP

70.	Dra. Mien Yuliety Moeis, M.Ed	NFPCB, West Java	SYMPOSIUM/ WORKSHOP
71.	Dra. Sri Yudaningsih	NFPCB, West Java	SYMPOSIUM / WORKSHOP
72.	Dr. M. Yatim Hamzah	NFPCB, West Java	SYMPOSIUM /WORKSHOP
73.	Dra. Roswati	NFPCB, West Java	SYMPOSIUM /. WORKSHOP
74.	Dra. Ani Suratmi, MSc.	NFPCB, West Java	SYMPOSIUM
75.	Dra. Komana Doni	NFPCB, West Java	SYMPOSIUM
76.	Drs. Ayip Rosidin	NFPCB, West Java	SYMPOSIUM
77.	Drs. Ade Zakaria	NFPCB, West Java	SYMPOSIUM
78.	Drs. Perdamen Ginting	NFPCB, West Java	SYMPOSIUM
79.	Drs. Suryana Mukhtar, SH, MPA.	NFPCB, West Java	SYMPOSIUM
80.	Drs. Purwanto N, MM.	NFPCB, West Java	SYMPOSIUM
81.	Drs. Fauzi Ismail	NFPCB, West Java	SYMPOSIUM
82.	Dra. Mien Yuliety	NFPCB, West Java	SYMPOSIUM
83.	Dra. Sri Budi Rahayu	NFPCB, West Java	SYMPOSIUM
84.	Dra. Leny Usyani, MSi	NFPCB, West Java	SYMPOSIUM
85.	Drs. Makmur Noorhakim, MSi	NFPCB, West Java	SYMPOSIUM
86.	Drs. Dick Safiddin	NFPCB, West Java	SYMPOSIUM
87.	Drs. Enan Suryanan	NFPCB, West Java	SYMPOSIUM
88.	Drs. Unang Kamil	NFPCB, West Java	SYMPOSIUM
89.	Drs. Tatang S. Wiradidjaya, MSPH.	NFPCB, West Java	SYMPOSIUM
90.	Drs. Sunaryo	NFPCB, West Java	SYMPOSIUM
91.	Drs. Tb. Tafta Saputra	NFPCB, West Java	SYMPOSIUM
92.	Drs. Deddy Suwasdi, MDA	NFPCB, West Java	SYMPOSIUM
93.	Drs. A. Sambas Eddy Saputra, MS.	NFPCB, West Java	SYMPOSIUM
94.	Drs. Tita A. Tadjudin	NFPCB, West Java	SYMPOSIUM
95.	Drs. Momon Sudirman	NFPCB, West Java	SYMPOSIUM
96.	Drs. Saeful Millah, MSc.	NFPCB, West Java	SYMPOSIUM
97.	Drs. Agus Hariadi, MPH	NFPCB, West Java	SYMPOSIUM
98.	Drs. Iyan Sumaryan	NFPCB, West Java	SYMPOSIUM

99.	Drs. Hidayat Sukanda	NFPCB, West Java	SYMPOSIUM
100.	Drs. H. Hikmatullah, MSi	NFPCB, West Java	SYMPOSIUM
101.	Drs. I. Cholisin, MA.	NFPCB, West Java	SYMPOSIUM
102.	Drs. Sugilar	NFPCB, West Java	SYMPOSIUM
103.	Drs. Imat Fathoni Aly	NFPCB, West Java	SYMPOSIUM
104.	Euis Soegiartie SH, MPA.	NFPCB, West Java	SYMPOSIUM
105.	Dra. Elly St. Halimah	NFPCB, West Java	SYMPOSIUM
106.	Drs. RH. I. Sutrisno Muhyi	NFPCB, West Java	SYMPOSIUM
107.	Drs. Wadi Effendi AS. MPD.	NFPCB, West Java	SYMPOSIUM
108.	Drs. Soni Nasution	NFPCB, West Java	SYMPOSIUM
109.	Drs. Soni Nasution	NFPCB, West Java	SYMPOSIUM
110.	Drs. Amed Sudiyana	NFPCB, West Java	SYMPOSIUM
111.	Ujang Nurul Iman, SH	NFPCB, West Java	SYMPOSIUM
112.	Endang Hardjanto	Center for Biomedical & HR Studies, NFPCB	SYMPOSIUM/WORKSHOP
113.	Mila Hendaryati, SKM.	Center for Health Research, UI	SYMPOSIUM/WORKSHOP
114.	Suharsini Murti	Center for Biomedical & HR Studies, NFPCB	SYMPOSIUM/WORKSHOP
115.	Indriyati	Center for Biomedical & HR Studies, NFPCB	SYMPOSIUM/WORKSHOP
116.	Suharyanto	Center for Biomedical & HR Studies, NFPCB	SYMPOSIUM/WORKSHOP
117.	Djoko Mardiono	Center for Biomedical & HR Studies, NFPCB	SYMPOSIUM/WORKSHOP
118.	Tauhid lauhin	Center for Biomedical & HR Studies, NFPCB	SYMPOSIUM/WORKSHOP
119.	Rahmat	NFPCB	SYMPOSIUM/WORKSHOP
120.	Sarmi	Center for Biomedical & HR Studies, NFPCB	SYMPOSIUM/WORKSHOP

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**KEPUTUSAN
MENTERI NEGARA KEPENDUDUKAN/
KEPALA BADAN KOORDINASI KELUARGA BERENCANA NASIONAL
NOMOR : 34 / HK- 010/F1/ 99
TENTANG
PENYELENGGARAAN SYMPOSIUM
AND WORKSHOP REPRODUCTIVE HEALTH
RESEARCH AGENDA
TAHUN 1999**

MENTERI NEGARA KEPENDUDUKAN / KEPALA BKKBN

- Menimbang** : a. bahwa difinisi ruang lingkup tentang Reproductive Health pemahaman antara berbagai sektor yang terkait serta senter-senter penelitian terutama peneliti kesehatan Reproduksi masih belum sama;
- b. bahwa untuk mencapai maksud tersebut diatas perlu pelaksanaan penelitian dan pengembangan Kesehatan reproduksi di Indonesia dikoordinasikan secara maksimal untuk pencapaian tujuan program;
- c. bahwa agar pelaksanaan penelitian dan pengembangan tentang Kesehatan Reproduksi terlaksana dengan baik serta dapat mencapai hasil yang optimal dalam mendukung keberhasilan program perlu diselenggarakan Symposium and Workshop on Reproductive Health Research Agenda Tahun 2000 – 2005;
- d. bahwa agar penyelenggaraan Simposium dapat berjalan dengan baik dipandang perlu membentuk Panitia penyelenggara;
- Mengingat** : 1. Undang-undang Nomor 10 Tahun 1992 tentang Perkembangan Kependudukan dan Pembangunan Keluarga Sejahtera,
2. Undang-undang No. 23/ 1997 tentang Kesehatan,
3. Peraturan Pemerintah Nomor 21 Tahun 1994 tentang Penyelenggaraan Pembangunan Keluarga Sejahtera,
4. Peraturan Pemerintah Nomor 27 Tahun 1994 tentang Pengelolaan Perkembangan Kependudukan,
5. Keputusan Presiden Nomor 109 Tahun 1994 tentang BKKBN ,

6. Keputusan Menteri Negara Kependudukan/ Kepala BKKBN
Nomor 110/ HK-010/ C4/94 tentang Kedudukan Organisasi dan tata kerja
BKKBN Pusat,
7. Keputusan Menteri Negara Kependudukan/ Kepala BKKBN
Nomor 111/HK-010/C4/94 tentang Kedudukan Organisasi dan tata Kerja BKKBN
di Wilayah.

MEMUTUSKAN :

Menetapkan : **KEPUTUSAN MENTERI NEGARA KEPENDUDUKAN/
KEPALA BKKBN TENTANG PENYELENGGARAAN
SYMPOSIUM AND WORKSHOP ON REPRODUCTIVE
HEALTH RESEARCH AGENDA**

BAB I

TUJUAN, TEMA, WAKTU, DAN PESERTA

Pasal 1

“ Symposium and Workshop on Reproductive Health Research Agenda “ yang selanjutnya disebut “ Symposium dan Workshop Agenda Penelitian “ bertujuan :

a. TUJUAN UMUM :

Mengembangkan konsensus bagaimana meningkatkan pemahaman tentang Kesehatan Reproduksi antara BKKBN dengan Senter terkait dan senter-senter penelitian dalam menyusun Agenda untuk tahun 2000 – 2005, serta menjajagi aspek kesehatan reproduksi yang diidentifikasi secara tepat menjadi suatu materi yang merupakan prioritas penelitian,

b. TUJUAN KHUSUS,

1. Untuk menjajagi kondisi akhir dan issue-isue kesehatan reproduksi di Indonesia, khususnya yang berhubungan dengan fungsinya sebagai suatu dukungan untuk menciptakan keluarga bahagia sejahtera

2. Untuk mengidentifikasi kondisi dari penelitian dan pengembangan dalam memecahkan masalah tentang kesehatan Reproduksi di Indonesia
3. Untuk mengidentifikasi kondisi akhir dari pelaksanaan penelitian dan pengembangan dengan Pusat-pusat Penelitian tentang Kesehatan Reproduksi
4. Untuk mengidentifikasi permasalahan spesifik dari Kesehatan Reproduksi setiap senter penelitian yang memerlukan penanganan untuk masa yang akan datang.

Pasal 2

Symposium and Workshop on Reproductive Health Research Agenda diselenggarakan pada tanggal, 22 – 24 April 1999 di Jakarta.

Pasal 3

Symposium and Workshop on Reproductive Health Research Agenda diikuti oleh :

1. Jajaran Kantor Menteri Negara Kependudukan/ BKKBN
 - Wakil Kepala
 - Para Pejabat Eselon I
 - Para Pejabat Eselon II
 - Pejabat Eselon III yang ditunjuk
 - Pejabat Eselon IV yang ditunjuk
 - Peneliti yang ditunjuk
2. Jajaran Departemen Kesehatan R.I
 - Litbang Kesehatan
 - Yanmedik
 - Binkesmas
3. 11 senter Penelitian Biomedis dan Reproduksi Fakultas Kedokteran Negeri dan 5 peneliti dari senter Pengembangan (5 Propinsi)
4. Wakil-wakil Instansi, Swasta, Dunia usaha, dan LSOM dan Donor Agency yang terkait

BAB II SUSUNAN PANITIA

Pasal 4

Panitia “ Symposium and Workshop and Reproductive Health Research Agenda “
terdiri atas :

1. Panitia Pengarah
2. Panitia Penyelenggara

Pasal 5

Susunan Keanggotaan Panitia “ Symposium and Workshop and Reproductive
Health Research Agenda “ adalah sbb :

1. PANITIA PENGARAH :

PELINDUNG	: Menteri Negara kependudukan /Kepala BKKBN Menteri Kesehatan R.I
KETUA	: DR. Pudjo Rahardjo Prof.DR. Umar Fahmi Drs. H.M. Muhji Dr.dr. Biran Affandi, SpOG Robert J.Kim Farley, MD,MPH
SEKRETARIS	: Dr. H.R. Hasan M.Hoesni,MPH Dr. Rahmi Untoro,MPH Dr. Aukhy Hinting,SpOG Dr. Sarsanto W.Sarwono,SpOG
ANGGOTA	: Dr. Agus Suwandono,MPH Dr. Wandri Muchtar,MSc Dr. Yurni Satria,M.Phil Dr. Kukila Vaidya,MPH Dr. W. Bill Emmet Dr. Anthony Tan,MPH,Ph.D Dr. Dasep Budi Abadi,MS Drs. Sugihartatmo,MPIA Dr. Enny Setiarih Dra. Ni Ketut Aristami Dr. Adiansyah Dr. Sis Suryono,SpOG

3. PANITIA PENYELENGGARA

KETUA	: Dr. H. R. Hasan M Hoesni, MPH
WAKIL KETUA	: Dr. Dasep Budi Abadi, MS Drs. Sugihartatmo, MPIA Dr. Anthony Tan, Ph.D
SEKRETARIS	: Drs. T. Prihyugianto, MSPH Dra. Wiwiek Pratiwi
KOORDINATOR	: Dra. Maria Anggraeni Dra. Hadriah Fahren
BENDAHARA	: Endang Harjanto Tauhid lauhin
SEKSI MATERI	: Dra. Flourisa Juliaan, M.KES Dra. Leli Asih Dra. Ni Ketut Aristami S a r m I
SEKSI UNDANGAN	: Murti sampurno Indriyati Dewi rhahmi Dhana
SEKSI PERSIDANGAN	: Suharyanto Djoko Mardiono

BAB III TUGAS DAN TANGGUNG JAWAB Pasal 6

Panitia “Symposium and Workshop Reproductive Health Research Agenda “ Bertanggung jawab kepada menteri Negara kependudukan/ Kepala BKKBN atas terselenggaranya kegiatan tersebut dengan sebaik-baiknya sesuai dengan maksud dan tujuan

Pasal 7

Panitia “ Symposium and Workshop on Reproductive helath Research “ berke Wajiban menyusun hasl kegiatan dimaksud segera setelah berakhirnya kegiatan dimaksud dan menyampaikan laporan kepada Menteri negara Kependudukan/ Kepala BKKBN

BAB IV
TATA KERJA
Pasal 8

Tata Kerja Penyelenggaraan “ Symposium and Woprkshop on reproductive Health Research Research Agenda diatur lebih lantut oleh Panitia penyelenggara

BAB V
KETENTUAN PENUTUP
Pasal 9

Biaya penyelenggaraan “ Symposium and Workshop on Reproductive Health Research Agenda “ dibebankan kepada anggaran dari Dana Bantuan WHO dan Policy Proyek Tahun Anggaran 1999.

Pasal 10


Panitia “ Symposium and Workshop on Reproductive Health Research Agenda dibubarkan segera setelah menyelenggarakan tugas dan kewajibannya .

Pasal 11

Keputusan ini mulai berlaku sejak tanggal ditetapkan dengan ketentuan apabila dikemudian hari terdapat kekeliruan dalam penetapan ini akan diadakan perbaikan sebagaimana mestinya.

Ditetapkan di : Jakarta
Pada tanggal : Maret 1999

MENTERI NEGARA KEPENDUDUKAN/
KEPALA BKKBN


Ida Bagus Oka